

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 15 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000029052

1. Corporation Name

Jose Painting Services, Inc

700157178647
06/15/09--01053--004 **450.00

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

15730 SW 304 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, FL

Zip

Country

Zip

Country

33033

US

REINSTATEMENT
CR2E981 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

2/27/2006

5. FEI Number

20-4395717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose E Lopez

Street Address (P.O. Box Number is Not Acceptable)

15730 SW 304 street.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Jose Lopez

REGISTERED AGENT MUST SIGN

Date

6/11/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Lopez, Jose E	15730 SW 304 st.	Homestead, FL 33033

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jose Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/09

Date

Daytime Phone #